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Mental Health Services Oversight and Accountability Commission (MHSOAC)
Evaluation Committee Recommendations Regarding

Potential Expanded FY 10/11 Evaluation Resources

September 1, 2010

Following is the recommendation from the MHSOAC Evaluation Committee regarding the priority use of potential expanded evaluation resources in (Fiscal Year) FY 10/11.

Note: Potential FY 10/11 expanded funding must be encumbered in a competitively bid contract by 6/30/11 or it will revert to the MHS fund.

Background

During the legislative budget hearings, the Senate and Assembly approved an increase in the MHSOAC budget by \$1 million for FY 10/11 for a competitively bid MHSA evaluation. This additional funding needs to be in the final budget and approved by the governor.

The MHSOAC is in the process of selecting a "Phase II" evaluation contractor for the MHSOAC's initial statewide evaluation of MHSA through a competitive Request for Proposals (RFP) process. The funding available for that contract is \$500K for FY 10/11 and \$500K for FY 11/12 from the MHSOAC budget. In July 2010, the Commission approved outline for that RFP which specifies the General Approach, Scope of Work and Provider Qualifications. (See attached.)

The potential expanded funding is intended to build upon the Phase II evaluation and expand the MHSOAC evaluation efforts into other priorities. Coordination between these evaluations is essential.

Evaluation Committee Recommendation

The General Approach and Provider Qualifications for the potential expanded FY 10/11 evaluation resources should be consistent with the MHSOAC approved Phase II evaluation.

Outline of Scope of Work and Deliverables

A. Design, complete statistical analyses and develop reports that measure cost, benefits and outcomes of MHSA investments consistent with outcomes specified in the MHSA,

1. Based on available data.
 - a. Must address variables at the individual, system/program and community levels.
2. Using participatory research with clients with mental illness and family members (which may include unrelated caregivers), ensuring participation of traditionally unserved and underserved communities across the life span.
 - a. Select priority outcomes from the MHSA for this portion of the analysis,
 - b. Create metrics and
 - c. Interpret data obtained directly from clients and families.

The evaluator will use a Continuous Quality Improvement framework to identify what made the difference. Evaluator will also determine if there is differential impact on various populations by race/ethnicity, gender and age.

Evaluator recommendations regarding priority outcomes, report templates, and documentation of analysis methodology, will be circulated for input prior to finalizing. Evaluator will identify what data were most useful and any recommendations for improvements/strategies.

B. MHSOAC will determine if there are internal resources to develop the Scope of Work and Deliverables in FY 10/11 and obtain additional resources for an FY 11/12 contract to evaluate the impact of PEI.

Potential additions to the deliverables

- Identify and recommend data elements that are needed for a comprehensive evaluation, but are not available in the data sets currently in use by DMH or the counties.
- Recommend a process for integrating treatment process variables with client outcomes for an effectiveness evaluation.